



URBAN DISTRICT OF
WOMBWELL



REPORT
ON THE
HEALTH AND SANITARY
ADMINISTRATION
OF THE
URBAN DISTRICT
FOR THE YEAR 1948

BY

R. S. HYND

M.B., Ch.B., D.P.H.

MEDICAL OFFICER OF HEALTH.



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Public Health Committee :

Chairman of Council : Councillor E. Wainwright, J.P.

Chairman : County Alderman J. W. Mellor, J.P.

Messrs. Councillors T. Bird, C. Jones, Mrs. E. Mellor, J. Rose,
W. Tart and P. Turner.

Maternity and Child Welfare Committee :

Chairman of Council : Councillor E. Wainwright, J.P.

Chairman : Councillor Mrs. E. Mellor.

Messrs. Councillors J. A. Hall, C.B.E., J.P., T. A. Newsome,
W. Tart and P. Turner.

(Co-opted Member : Mrs. M. Walker)

(Autonomous Powers ceased 5th July, 1948.)

Public Health Staff :

Medical Officer of Health :

R. S. Hynd, M.B., Ch.B., D.P.H.

Medical Officer of Wombwell Welfare Clinic :

J. C. Pickup, M.B., L.R.C.P., D.P.H. (Barrister-at-Law).
(Resigned, 5th July, 1948.)

L. Taylor, M.R.C.S., L.R.C.P.
(Appointed, 5th July, 1948.)

Medical Officer of Jump Welfare Clinic :

J. C. Pickup, M.B., L.R.C.P., D.P.H. (Barrister-at-Law).
(Resigned, 5th July, 1948.)

J. H. Fairclough, M.B., Ch.B.
(Appointed, 5th July, 1948.)

Medical Officers of Wombwell Ante-Natal Clinic :

J. C. Pickup, M.B., L.R.C.P., D.P.H: (Barrister-at-Law):
(Resigned, 5th July, 1948.)

A. S. Nutt, M.B., Ch.B. (Appointed, 5th July, 1948 —
Resigned, 2nd December, 1948.)

W. G. S. Maxwell, M.B., B.Ch., B.A.O.
(Appointed, 2nd December, 1948)

J. M. Dickinson, M.B., Ch.B.
(Appointed, 2nd December, 1948)

Chief Sanitary Inspector :

H. Ward, Cert. R.S.I., M.S.I.A.

Additional Sanitary Inspector :

J. Finney, Cert. S.I.B., M.S.I.A.

Pupil Sanitary Inspector :

Douglas Haigh.

Superintendent Health Nurse :

E. Barlow, S.R.N., S.C.M., H.V.Cert.

Second Nurse : F. Whittlestone, S.R.N., S.C.M., H.V.

Third Nurse : E. Taylor, S.R.N., S.C.M.

Clerk :

Kathleen M. Cawley. (Resigned 5th July on appointment
to clerical staff of Divisional Health Office.)

URBAN DISTRICT OF WOMBWELL,
MEDICAL OFFICER'S ANNUAL REPORT

Divisional Health Office,
The Gables,
WOMBWELL.
August, 1949.

To the Chairman and Members of the
Wombwell Urban District Council.

Mr. Chairman, Councillor Mrs. Mellor and Gentlemen,

I have the honour to present to you my second Annual Report on the health and social conditions of your Urban District for the year ending 31st December, 1948. The report is prepared in accordance with the Ministry of Health Circular No. 3/49 and is in the nature of an interim report only.

The year saw the introduction of an Act which by its effect on the practice of medicine was of the greatest importance and significance to the whole country and not the least to the population of your Urban District. While it would be impractical and perhaps out of place to attempt a review of the effects of the National Health Service Act, 1946, here, the coming into operation of the Act on the 5th July, 1948, did cause two important changes which particularly affected the work of the Health Committee and which must be mentioned. I refer of course to the cessation of the Urban District Council as an autonomous Welfare Authority after the commencement of the Act and the passing of control of the management of the Brierley Infectious Diseases Hospital from the Hemsworth and Wombwell Hospital Committee to the Regional Hospital Board. The first, I know, was felt by many members of the Council as a personal loss, the loss of a service which had been carefully built up over the years and into which much more than purely impersonal administration had been put. No change, however, has been made in the service now that it is administered by the County Council nor is any radical change contemplated in the near future. The Maternity and Child Welfare Services will continue on the same lines as those proved by experience in the past to be good but improvements in the service either suggested by advances in medical knowledge or dictated by changed social conditions will always be sought.

The change in the management control of the Brierley Hospital affected your Council less than the loss of responsibility for the Maternity and Child Welfare Services. In the past it was at the best only a partial control, with the members of your Council in the minority on the hospital committee and the financial relief afforded to your Council when the Regional Hospital Board assumed responsibility perhaps adequately compensated for this loss of control. It is an irony of fate that the Brierley Hospital became within the area controlled by the Leeds Regional Hospital Board and with effect from July, 1949, all infectious diseases within your district requiring hospital treatment are now admitted to the Kendray Hospital, Barnsley.

The Birth Rate for the year fell from 23·2 per 1,000 estimated population in 1947 to 21·34. The fall in the Birth Rate was general throughout the country, from 20·5 in 1947 to 17·9 last year, and reflects to a large extent the changed social circumstances. I believe that while the housing shortage exists the birth rate will tend to fall. It is difficult to rear babies successfully in overcrowded home conditions and it is a common experience for young married couples living in lodgings or with relatives to find an addition to the family is not completely welcome to the other occupants of the house.

The death rate was higher at 10·37 per 1,000 population as compared with 9·40 in 1947 and 10·8 for England and Wales. The actual number of deaths for all ages in the district was 193 as compared with 172 in 1947 while the total number of live births was 397 as compared with 448 last year. This gives a natural increase of births over deaths of 204.

The incidence of notifiable infectious diseases was very appreciably higher in 1948 than in 1947 with 988 cases as against 341. The increase was almost entirely due to a major epidemic of Measles in the second and third quarters of the year, 754 cases being reported as compared with 158 in the previous year. While I propose to reserve detailed comments on the epidemic to later in the report there is one point I might raise here. I believe that for the first time the number of notifications of Measles reflected the true incidence of the disease in the district and the reason for this I consider lay in the introduction of the National Health Service Act which came into force immediately prior to the epidemic starting.

Often in the past a child suffering from Measles was first treated by the parents with perhaps advice from experienced neighbours and the aid of a doctor was not sought unless complications developed or the initial symptoms were severe. Again if the first case of Measles in the family had been treated by a doctor, it was not always usual for a doctor to be called in to treat subsequent cases unless the cases were of above average severity. Multiple notifications in the family were received particularly frequently during the epidemic and while these were to be expected because of the size of the outbreak their frequency did suggest that the services of the doctors were in greater demand than in previous epidemics. The timing of the epidemic again was important as it coincided with the commencement of the New Health Service and when the first wave of enthusiasm for " free " medical attention was at its height. While nothing of what I have written is intended to minimise the severity of the outbreak or the rapidity of its spread, I do believe the introduction of the new Health scheme had the effect of determining the true incidence of the disease with far greater accuracy than was possible in previous epidemics making the very large increase in the number of cases perhaps more apparent than real.

While as yet no potent prophylactic for mass immunisation against Measles is available such a prophylactic is available against Diphtheria and I regard the occurrence last year of twelve cases of Diphtheria with three fatalities as an unnecessary tragedy. None of the fatal cases had been previously immunized and only two of the non-fatal cases, both of whom were only mildly affected. There is among a small section of parents still a certain amount of un-belief in the value of immunisation mixed with a larger amount of indifference and it is this indifference which is so hard to counter-act. Perhaps last year's experience will help.

I would like to take this opportunity to thank the Chairman and Members of the Public Health Committee for the courtesy and many kindnesses they have shown, the Chief Sanitary Inspector and his staff for their unstinted help and co-operation and the staff of the Divisional Health Office for their ever loyal support and enthusiasm.

I am,

Your obedient servant,

R. S. HYND.

URBAN DISTRICT OF WOMBWELL.

Statistics and Social Conditions.

Area	...	...	...	...	...	3,850 acres
Population (Census 1931)	...	...	...	...	...	18,365
Registrar General's estimate of population (mid 1948)	...	...	...	...	...	18,600
Registrar General's estimate of population (mid 1947)	...	...	...	...	...	18,350
Number of inhabited houses according to Rate Book	...	...	...	...	...	5,192
Rateable Value	...	...	...	...	...	£66,789
Nett Product of a Penny Rate	...	...	...	...	...	£249

The soil of the district consists of marl and clay with a sandy sub-soil resting on the shales and sand-stones of the coal measures. The surface is undulating and the average height above sea level is 200 ft. The chief occupations of the population are coal-mining, glass bottle making, the manufacture of by-products from coal, engineering and printing. Coal-mining is by far the largest source of employment.

VITAL STATISTICS.

Births.

The number of births registered during the year was 397, of whom 193 were males and 204 females. This number is 51 fewer than in 1947. There were 20 illegitimate births, 7 males and 13 females, 5·3% of the total live births registered. The ratio of legitimate to illegitimate births was 19·85 to 1. The excess of births over deaths or the natural increase of population was 204 as compared with 276 last year.

Still Births.

There were 8 still births during the year, a considerable reduction on the previous year when the number was 14. The still birth rate fell from 30·3 per 1,000 total live and still births in 1947 to 19·75 last year. There were no illegitimate still births.

BIRTH RATE.

Year	Births		Total	Rates per 1,000 population	
	Males	Females		Wombwell	England & Wales
1944	218	198	416	23.9	17.6
1945	183	176	359	20.4	16.1
1946	205	195	400	22.02	19.1
1947	252	196	448	24.3	20.5
1948	193	204	397	21.34	17.9

BIRTHS IN THE WARDS.

Year	S.E.	S.W.	C.	N.	H.	Total
1944	75	117	73	56	95	416
1945	56	112	63	53	75	359
1946	56	137	56	63	88	400
1947	65	167	72	45	99	448
1948	47	149	56	57	88	397

STILL BIRTHS.

Year	Still Births	Total Births		Percentage of Still Births to Total Births
		Live	and Still	
1944	6	424		1.3
1945	11	370		2.9
1946	8	408		1.95
1947	14	462		3.03
1948	8	405		1.97

Deaths.

The total deaths amounted to 193, 107 males and 86 females including deaths of residents dying outside the district and excluding non-residents who died in the district. The total number of deaths was higher than last year, 193 as

compared with 172, with a death rate of 10·37 per 1,000 population as against 9·40 for 1947. The death rate for England and Wales was 10·8 per 1,000 population. An analysis of the deaths in the four quarters of the year shows 52 deaths for the first quarter, 54 for the second quarter, 33 for the third quarter and 54 for the last quarter.

Causes of Death.

The principal causes of death were in the following order of numerical importance : Cardiac and vascular diseases, Pneumonia and Bronchitis, Cancer and Tuberculosis.

There were 14 enquiries held by the Coroner in Wombwell during the year. The causes of death as revealed by the inquests were : Misadventure (4), Suicide (3), Cardiac diseases (3), Accident at work (1), Septicaemia (1), Cancer (1), Drowning (1). Post mortem examinations were made in 17 instances.

DEATH RATES.

Year	No. of Deaths	Rates per 1,000 population			
		Male	Female	Wombwell	England & Wales
1944	164	96	68	9·4	11·6
1945	209	121	88	11·9	11·4
1946	165	106	59	9·07	11·5
1947	172	108	64	9·40	12·0
1948	193	107	86	10·37	10·8

DEATHS IN WARDS.

Year	S.E.	S.W.	C.	N.	H.	Total
1944	27	55	30	29	23	164
1945	28	66	37	32	46	209
1946	18	64	27	24	32	165
1947	17	65	25	23	42	172
1948	24	65	36	25	43	193

DEATHS IN AGE GROUPS.

				Males	Females	Total
Under 1 year ...	...	...	...	9	3	12
1 — 5 years ...	...	...	...	1	0	1
5 — 10 „	...	...	...	1	2	3
10 — 15 „	...	...	...	1	0	1
15 — 20 „	...	...	...	0	2	2
20 — 25 „	...	...	...	3	2	5
25 — 35 „	...	...	...	1	5	6
35 — 45 „	...	...	...	5	1	6
45 — 55 „	...	...	...	11	5	16
55 — 65 „	...	...	...	8	13	21
65 — 70 „	...	...	...	16	12	28
70 — 75 „	...	...	...	17	15	32
75 — 80 „	...	...	...	18	13	31
80 — 85 „	...	...	...	10	7	17
85 — 90 „	...	...	...	5	5	10
90 and over ...	...	...	...	1	1	2
Totals				107	86	193

Infantile Mortality.

The number of deaths in infants under 1 year of age was 12 as against 18 in 1947. The death rate was 30·22 per 1,000 births as compared with 40·17 for last year and with 34 for England and Wales. This is the lowest infant mortality rate ever recorded in Wombwell. 5 deaths, or 41·66% of the total infant deaths, occurred within the first month of life.

The causes of Infantile Deaths were as follows :

Pneumonia	...	...	...	...	...	...	...	3
Prematurity	...	...	...	...	...	...	...	2
Acidosis	...	...	...	...	...	...	...	1
Marasmus	...	...	...	...	...	...	...	1
Infantile Convulsions				...	...	...	...	1
Congenital Atelectasis	...	...	...	...	...	...	...	1
Gastro-enteritis	...	...	...	...	...	...	...	1
Pulmonary Haemorrhage	...	...	...	...	...	...	...	1
Whooping Cough	...	...	...	...	...	...	...	1

Maternal Mortality.

One maternal death occurred during the year following Caesarean Section operation in hospital. The baby was born alive and has made normal progress.

WARD STATISTICS.

			S.E.	S.W.	C.	N.	H.	Total
All Deaths	...	...	24	65	36	25	43	193
Births	...	...	47	149	56	57	88	397
Birth Rate	...	...	18.8	25.0	16.4	20.3	22.2	21.34
Death Rate	...	...	9.6	10.9	10.5	8.9	10.8	10.37
Infantile Deaths	...		2	2	5	2	1	12
Infantile Death Rate								
per 1,000 Births			42.5	13.4	89.2	35.0	11.3	30.22

PRINCIPAL CAUSES OF DEATH

Death Rate 1948	DISEASE	No. of Deaths in 1948	Increase or Decrease com- pared with 1947	Death Rate 1947
0.00	Typhoid & Paratyphoid Fevers	0	same	0.00
0.00	Cerebro Spinal Fever	0	same	0.00
0.00	Scarlet Fever	0	same	0.00
0.05	Whooping Cough	1	increase	0.00
0.16	Diphtheria	3	increase	0.00
0.69	Tuberculosis of Respiratory System	13	increase	0.43
0.05	Other Forms of Tuberculosis	1	decrease	0.16
0.00	Syphilitic Diseases	0	decrease	0.10
0.00	Influenza	0	decrease	0.16
0.00	Measles	0	same	0.00
0.00	Acute Pollomyelitis and Polioencephalitis	0	same	0.00
0.00	Acute infantile encephalitis	0	same	0.00
0.05	Cancer of buc; cav; and eosoph (M) uterus (F)	1	same	0.05
0.58	Cancer of stomach and duodenum	11	increase	0.37
0.05	Cancer of breast	1	increase	0.00
0.80	Cancer of all other sites	15	decrease	1.02
0.15	Diabetes	3	increase	0.05
1.45	Intracranial vascular lesions	27	increase	0.81
1.88	Heart Diseases	35	increase	1.85
0.53	Other diseases of circulatory system	10	same	0.54
1.18	Bronchitis	22	increase	0.65
0.37	Pneumonia	7	increase	0.21
0.16	Other Respiratory diseases	3	increase	0.10
0.05	Ulcer of stomach or duodenum	1	decrease	0.27
0.05	Diarrhoea under 2 years	1	same	0.05
0.00	Appendicitis	0	same	0.00
0.10	Other digestive diseases	2	decrease	0.21
0.43	Nephritis	8	increase	0.32
0.00	Puerperal and post abortion sepsis	0	same	0.00
0.05	Other maternal causes	1	same	0.05
0.10	Premature birth	2	decrease	0.37
0.20	Con: Mal: Birth inj.: infant: dis:	4	decrease	0.32
0.10	Sulcide	2	increase	0.00
0.00	Road traffic accidents	0	decrease	0.10
0.20	Other violent causes	4	decrease	0.37
0.80	All other causes	15	increase	0.65
10.37	TOTALS	193	increase	9.40

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1948

Based on Registrar General's Figures.

	Wombwell Urban District	Aggregate West Riding Urban Districts	West Riding Admin. County	England & Wales (Provisional figures)
BIRTH RATE				
(per 1,000 estimated population)	21.3	18.3	18.5	17.9
DEATH RATES :				
(all per 1,000 estimated populat'n)				
All causes	10.4	11.8	11.3	10.8
Zymotic Diseases (seven principal) ...	0.27	0.12	0.12	Not available
Tuberculosis of Respiratory System	0.70	0.37	0.37	0.44
Other forms of Tuberculosis ...	0.05	0.07	0.07	0.07
Respiratory Diseases (excluding Tuberculosis of respiratory system)	1.72	1.34	1.29	Not available
Cancer	1.51	1.83	1.74	1.86
Heart and Circulatory diseases	2.42	3.98	3.73	Not available
INFANT				
MORTALITY				
(Deaths under one year per 1,000 live births)	30	38	39	34
DIARRHOEA				
(Deaths in infants under 2 years of age per 1,000 live births)	2.52	4.17	4.38	3.3
MATERNAL				
MORTALITY				
(Deaths of mothers in childbirth per 1,000 live and still births)				
Puerperal Sepsis	0.00	0.09	0.10	0.24
Other Causes ...	0.00	1.02	1.05	0.78
Total	0.00	1.11	1.15	1.02

Birth Rates, Death Rates, Analysis of Mortality, Maternal
Death Rates, and Case Rates for certain Infectious Diseases
in the year 1948.

England and Wales, London, 126 Great Towns and
148 Smaller Towns.

(Provisional figures based on weekly and quarterly returns.)

				Wombwell U.D.C.	England and Wales	126 C.B's & great towns including London	148 smaller towns, res. pop. 25,000—50,000 at 1931 census	London Admin. County
				Rate per 1,000 Civilian Population.				
Births :								
Live	...	...	...	21·3	17·9	20·0	19·2	20·1
Still	...	...	...	0·43	0·42	0·52	0·43	0·39
Deaths :								
All Causes	...	...	...	10·4	10·8	11·6	10·7	11·6
Pneumonia	...	...	...	0·37	0·41	0·38	0·36	0·54
Typhoid & Para-								
typhoid fever	...	...	...	0·00	0·00	0·00	0·00	0·00
Whooping Cough	...	...	...	0·05	0·02	0·02	0·02	0·01
Diphtheria	...	...	...	0·16	0·00	0·00	0·00	0·01
Influenza	...	...	...	0·00	0·03	0·03	0·04	0·02
Smallpox	...	...	...	0·00	0·00	0·00	0·00	0·00
Tuberculosis	...	...	...	0·75	0·51	0·59	0·46	0·63
Poliomyelitis	...	...	...	0·00	0·01	0·01	0·01	0·00
Notifications :								
Typhoid Fever	...	...	...	0·00	0·01	0·00	0·01	0·00
Paratyphoid Fever	...	...	...	0·00	0·01	0·01	0·01	0·01
Cerebro Spinal Fever	...	...	...	0·21	0·03	0·03	0·02	0·03
Scarlet Fever	...	...	...	3·70	1·73	1·90	1·82	1·37
Whooping Cough	...	...	...	4·94	3·42	3·51	3·31	3·13
Diphtheria	...	...	...	0·64	0·08	0·10	0·09	0·10
Erysipelas	...	...	...	0·32	0·21	0·23	0·21	0·22
Smallpox	...	...	...	0·00	0·00	0·00	0·00	0·00
Measles	...	...	...	40·53	9·34	9·75	8·84	9·17
Pneumonia	...	...	...	0·91	0·73	0·84	0·60	0·57
Poliomyelitis	...	...	...	0·05	0·04	0·05	0·04	0·04
Puerperal Fever &								
Puerperal Pyrexia	...	...	...	0·21	6·89	8·90	4·71	7·34

Rates per 1,000 Live Births.

Deaths under 1 year								
of age	...	...	...	30	34	39	32	31
Deaths from Diarrhoea								
and Enteritis under								
2 years of age	...	...	...	—	3·3	4·5	2·1	2·4

Maternal Mortality :

Rate per 1,000 Total Births (Live and Still)				
	Wombwell U.D.C.	England and Wales	Rates per million women aged 15—44	
Abortion with sepsis	0.00	0.11	9	
Abortion without sepsis	0.00	0.05	4	
Puerperal infections	0.00	0.13		
Other Maternal causes	2.46	0.73		

General Provision of Health Services in the Area.

1. Hospitals.

One of the important effects of the commencement of the National Health Service Act on 5th July last was the assumption of control of all hospital services by the newly created Regional Hospital Boards. The hospitals serving your district are in the area covered by the Sheffield Regional Hospital Board while the local administration is in the hands of the appropriate Local Hospital Management Committee. Much has been written on the new hospital arrangement under Regional Hospital Boards, the scheme is still very much in its infancy and undoubtedly is experiencing its teething troubles. While it is far too early to pass a considered judgement on the working of the scheme one can at least comment on the principles involved. My own personal opinion is that the plan is fundamentally sound and gives real scope for the advancement of hospital services generally. All hospitals can now be considered alike and their differing needs assessed by the one body considering the hospital facilities of the area as a whole. Complete integration of hospital services should now be possible and the relative needs of the acute and chronic sick, the infectious diseases and mental patients can be judged impartially. While patients will continue to express individual preferences for certain hospitals and hospital staffs, there should not be in the future those criticisms, so common in the past and so frequently justifiable, when one hospital and its management was compared so unfavourably with another. Pride in a particular

hospital is both natural and good, pride in a group of hospitals serving a common area is even better because of the broader outlook it allows and the lessened opportunity for petty jealousies.

General Hospitals : General hospital services were provided mainly by the Sheffield General Hospitals and Beckett Hospital and St. Helen Hospital at Barnsley.

Infectious Diseases Hospitals : Infectious diseases cases continued to be admitted to the Brierley Hospital but after the 5th July your Council was no longer responsible for a share of the general maintenance charges of the hospital nor for the maintenance charges for patients while in hospital.

Maternity Hospitals: Maternity cases requiring hospital treatment were usually admitted to the following hospitals :

St. Helen Hospital, Barnsley.

Montagu Hospital, Mexborough.

Hallamshire Maternity Home, Chapeltown.

Listerdale Maternity Home, Rotherham R.D.

Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases, gynaecological cases and cases of Puerperal Pyrexia.

2. Tuberculosis.

The Tuberculosis Service, previously administered by the County Council came after the 5th July under dual control, an unfortunate consequence of the National Health Service Act. The curative side became the responsibility of the Regional Hospital Board, the preventive side the responsibility of the County Council and because of this even the medical and nursing staff was split, the former becoming employees of the Board and the latter employees of the County Council. No artificial division into curative and preventive aspects is possible in Tuberculosis, the disease must be considered as a whole and prevention and cure cannot be separated. Tuberculosis is as much a social as a medical disease and careful

supervision of a patient's home and working conditions is as necessary in the treatment of Pulmonary Tuberculosis as is Sanatorium treatment in the early stages. It is obvious that the clinical Tuberculosis Officer must have a large share of control in the after-care of his Pulmonary Tuberculosis patients though theoretically that care now is the responsibility of the Local Health Authority. It is equally obvious on the preventive side that contact tracing cannot be satisfactorily carried out by the local Health Authority without help and guidance from the Tuberculosis Officer. The consequences of the division of responsibility were fully appreciated beforehand by the Tuberculosis Officer and your Medical Officer of Health and many difficulties were avoided by the closest co-operation.

Chest clinics are held at the Chest Centre, 46 Church Street, Barnsley on the following days and times :

Wednesdays	...	10.0 a.m. — 12 noon
„	...	2.0 p.m. — 4.0 p.m.
Thursdays	...	10.0 a.m. — 12 noon. X-ray.
„	...	2.0 p.m. — 4.0 p.m. X-ray.
Fridays	...	10.0 a.m. — 12 noon.

3. Venereal Diseases.

The nearest centre for Wombwell patients for the diagnosis and treatment of these diseases is in Barnsley.

Address : Special Treatment Centre, Queen's Road,
Barnsley.

Other centres are situate at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

4. Ambulance Services.

As from the 1st October, 1947, the County Council assumed responsibility for the ambulance service and your Council operated the Wombwell Ambulances as agents for the County Council. Additional ambulances were available as required from the Hoyland Depot. The Council will be aware the agency arrangement ceased very recently when the management of the service was taken over completely by the County Council and the Wombwell Ambulance station abandoned. The Brierley Hospital provided the ambulance for the conveyance of infectious diseases from your district to that hospital during the year.

5. Home Nursing.

One of the most important consequences of the National Health Service Act was that the provision of an adequate Home Nursing Service became for the first time a statutory duty of Local Health Authorities. In its proposals submitted to the Minister of Health the County Council agreed to provide two Home Nurses to cover the Wombwell district though the implementation of the plan was not practical by the appointed day. On 5th July the local nursing service administered by the Town Land Trust was disbanded and the Home Nurse, Nurse E. Carver, became an employee of the County Council. Though the Act has immeasurably widened the scope of Home Nursing, the increased commitments in your district could not be undertaken because neither an additional nurse nor the accommodation for her could be found. The service during the whole of 1948 remained unchanged from that which operated in 1947 except that the responsibility and control of the service passed into the hands of the County Council. An additional Home Nurse has since been obtained but the problem of suitable housing accommodation remains unsolved. If the people of the township are to have the Home Nursing services to which they are not only entitled but are also in need the problem of accommodation for the nurse must be satisfactorily solved. The members of the Council will be aware of the many difficulties of the situation, but it is hoped that before long a solution will be found.

6. Laboratory Services.

These are provided by the Public Health Laboratory Service in Wakefield, a national service under the control of the Medical Research Council. This service was instituted shortly prior to the outbreak of war and has grown into an invaluable laboratory organisation. Bacteriological and Pathological specimens are sent here for examination and no matter what type of laboratory investigation is required the laboratory will furnish a complete investigation and report. It is still a growing organisation and even greater results can be expected of it in the future.

Maternity and Child Welfare Services.

There are two Maternity and Child Welfare Centres, one of which is situate in the Wombwell Free Library where weekly sessions are held on Tuesday afternoons and the other at Jump where weekly sessions on Monday afternoons are held in the Welfare Hall. Though your Council ceased to be an autonomous welfare authority as from the 5th July last when the service passed under the control of the County Council no change in the character or fundamental administration of the service was made. It speaks well for the smoothness of the change-over when the people who matter most, the mothers, scarcely noticed the change though indeed there was little to notice. With the retirement of Dr. J. C. Pickup new medical officers were appointed, Dr. L. Taylor to the Wombwell Clinic and Dr. J. H. Fairclough to the Jump Clinic.

At the Wombwell Centre where 48 sessions were held, there was an attendance of 4,629 children, an average of 96·4 per session. 351 children were seen for the first time of whom 345 were under one year and 6 over one year of age.

1,084 children were examined by the doctor during the year, an average of 21·8 per session.

At the Jump Centre where 50 sessions were held there was an attendance of 1,657 children, an average of 33·1 per session. 77 children were seen for the first time of whom 76 were under 1 year and 1 over one year of age.

679 children were examined by the doctor during the year, an average of 13·6 per session.

The Ante-Natal clinic is situate in the Free Library, Wombwell, and weekly sessions are held on Thursdays. As with the welfare clinics the change of control from your Council to the County Council brought no change in the essential running of the clinics save for a change in Medical Officers. When Dr. Pickup retired on 5th July his place was taken by Dr. A. S. Nutt who resigned on 2nd December. It had been noticeable for sometime past that the number of patients attending the clinic were too numerous to be dealt with adequately in one session and with Dr. Nutt's resignation the opportunity was taken to introduce a double session each Thursday with clinics in the morning and afternoon. Dr. W. G. S. Maxwell and Dr. J. M. Dickinson were appointed as Medical Officers to these clinics.

56 sessions were held during the year at which 243 women made 1,320 attendances giving an average attendance of 23·5 per session. Though the percentage of expectant mothers attending the ante-natal clinics was high the number of mothers who availed themselves of a post-natal examination at the clinic was very low. The real need for a post-natal examination is not as yet appreciated by Wombwell mothers, it is an examination to which they have not been accustomed in the past and which as yet they tend to regard as rather unnecessary. The medical facts have been known, however, for a very long time and most gynaecologists will agree that much ill health in women might be prevented by a routine post-natal examination and the diagnosis and treatment of a minor abnormality early after childbirth often prevents a major illness and even operation later on in life. Every effort is being made to educate the mothers to this truth and it is hoped that in the not too distant future the attendance for post-natal care at the clinic will be as good as the ante-natal attendance is at present.

Premature Babies.

A new scheme for the care of premature babies was launched in August of last year. The scheme embraced the whole of my division of which your district forms part and while it has not yet been long enough in operation to assess fairly its real merit, I believe it will eventually play a very important part in the welfare of premature babies. The care of premature babies in the first week or two of life requires specialised nursing technique and it was decided that all premature babies should be attended by a nurse specially trained in this work. A senior midwife in the division was sent to the Sorrento Maternity Home for Premature Babies in Birmingham where a special study in the technique of nursing these babies had been made for many years and on return from the course she was made responsible for the nursing care of all premature babies born in the division until such a time as the care of the child could be safely left in the hands of the mother with additional help from the Health Visitor and Welfare Clinic. The care of the premature baby in the first hour or two after birth is particularly important and it was arranged that the premature baby nurse should be present at the delivery, if prematurity could reasonably be suspected beforehand, or as soon as possible afterwards. The co-operation of the doctors and the midwives has readily been forthcoming and a happy feature of the scheme has been the good teamwork. If the doctor decides that the baby must be admitted to hospital the nurse accompanies the child in the ambulance and is ready to give whatever emergency treatment is necessary during the journey.

Home Visiting.

First visits were paid by Health Visitors to 377 infants. The numbers of re-visits during and over the first year were 1,394 and 2,670 respectively. 29 Ante-natal, 5 visits to mothers delivered of still-born babies and 24 visits to miscellaneous cases were also made. The total number of home visits made by the Health Visitors during the year was 4,499.

Home Helps.

The scheme for supplying Home Helps at confinements and 14 days thereafter was extended by the National Health Service Act to cover all illnesses where the need for a Home Help was proved and was supported by a medical certificate. The implications of the change are obviously great though little effect was noticed until towards the end of the year, since when the demand for Home Helps has been steadily growing. As I stated in my last Annual Report the demand for Home Helps was so small in the past it inevitably led to the greatest difficulty in retaining the services of suitable women on the register of Home Helps. From the middle of last year when there were literally no Home Helps on the register the number has steadily grown until now 15 women are available and in regular part-time employment. It must be emphasised that the Home Help service is not a free service and householders are expected to contribute to the cost. The existing County Council scale of allowance is, however, very generous and the main burden of the charge is borne by public funds. The service, I feel, fills a vital need in the community and providing it is never allowed to degenerate into an easy and cheap way of obtaining domestic help will continue to do so for many years to come.

Artificial Light Centre for Children under School Age.

Two sessions are held weekly, on Mondays and Fridays. During 1948 97 sessions were held and 5,033 attendances made. These attendances included a certain number of school children for whom the Education Committee of the West Riding of Yorkshire are the responsible authority. The treatment of the cases, which now is free, is under the direction of the Medical Officer of the Clinic during the whole course of treatment.

Two S500 Alpine Sun Lamps, Floor Model, fitted with self-striding electronic discharge arc tubes are used as well as a Sollux Lamp with localising cones and filters.

Care of Illegitimate Children.

This work was continued by the Moral Welfare Officer during 1948 though in the middle of the year consequent upon the coming into operation of the Children's Act, the responsibility for the care of all deprived children rested with the Children's Officer of the County Council. I am indebted to Miss Mann, Moral Welfare Officer to the Wath and Tankersley Deaneries of the Sheffield Diocesan Moral Welfare Council, for the following report.

Report of cases visited in Wombwell, Hemingfield, Jump, Darfield, and Worsborough in co-operation with Wombwell Maternity and Child Welfare Committee under Ministry of Health Circular 2866 (Care of Illegitimate Child). From 1st January, 1948 — 31st December, 1948.

Number of cases referred ...	...	...	...	11
Single women ...	...	...	...	9
Married women ...	...	...	...	2

Involving 7 children dealt with as follows :

Adoptions

Children of Single Women ...	...	...	1
Children of Married Women ...	...	...	1
Kept by Mother ...	...	...	5
Affiliation Orders ...	...	...	2
Expectant Single Women ...	...	...	1

All Adoptions have been carried out by the Sheffield Adoption Society.

Sanitary Circumstances of the Area.

I am indebted to Mr. C. Knowles, Surveyor, for the following report dated 2nd August, 1949.

Sewage Disposal.

A great deal of damage has been done to the New Scarborough Sewage Works due to mining subsidence, but this I think will be remedied as time goes along and when the land has settled to the new level.

I am pleased to report that one pumping unit has been changed over from gas to electricity, and trust that the other two pumps will be changed over in the near future.

I have again to report that Lundhill Sewage Works is very much overworked, and the analyses of the samples taken show this to be the case. It is proposed to put a new filter in when labour and materials are available, and I think this will result in a great improvement.

Sewers.

Various sewers in the Summer Lane Housing Site have been extended during the year, but I have still to report damage by subsidence, which means we have to flush the sewers very often, to enable them to be thoroughly cleansed.

Housing.

The number of houses built and occupied during the year under review is 153, and have all been provided by the Council. No houses have been built by private enterprise during the year, and no licences given for this purpose.

Water Supply.

Wombwell is served with water from the Dearne Valley Water Board (comprising Wombwell, Hoyland, Darfield, Goldthorpe, etc.)

The water supplied to Wombwell by the board actually comes from three sources and is mixed. One is from an artesian well, this water is of pure quality, extremely hard (38 degrees Clark's process) and has no plumbo-solvent action. Another, obtained from the Sheffield Corporation, is a soft water of a peaty colour, and is chlorinated. A third source of supply is from the Dearne Valley Colliery and is chlorinated.

All samples submitted for bacteriological analysis during the year were reported as satisfactory.

Swimming Baths.

I am indebted to Mr. G. R. Johnson, Baths Manager, for the following report on the swimming baths for the year 1948.

“ The Baths proved very popular during the year ending 31st March, 1949, the total number of bathers using the establishment being 77,122. Of this total 23,338 were school children who attended the baths for instruction in swimming and life-saving. It is of interest to note that these children came from schools as far afield as Ecclesfield, Tankersley and Ward Green, Worsborough; when one can realise the large area catered for by the Swimming Baths.

The Wombwell Evening Institute, and the Tankersley Evening Institute also held evening classes at the Baths and during the season 1,311 students received instruction.

The swimming bath water is constantly circulating through three modern filters giving a complete turn-over in a period of less than three hours. This together with the Chlorine-Ammonia system of water treatment ensures a high standard of purity and clarity at all times.”

INFECTIOUS DISEASES.

Notifiable Diseases (other than Tuberculosis).

			Total cases notified	Admitted to Hospital	Deaths
Measles	...	...	754	—	—
Whooping Cough	...	...	92	—	1
Smallpox	...	...	—	—	—
Scarlet Fever	...	...	69	56	—
Diphtheria	...	...	12	12	3
Enteric Fever	...	...	—	—	—
Puerperal Pyrexia	...	...	4	3	—
Pneumonia	...	...	17	—	7
Encephalitis					
Lethargica	...	...	—	—	—
Anterior Poliomyelitis			1	1	—
Erysipelas	...	...	6	—	—
Cerebro-spinal Fever			4	4	—

Distribution in the Wards.

			S.E.	S.W.	C.	N.	H.	Total
Measles	...	...	106	316	99	96	137	754
Whooping Cough	...	...	16	51	6	8	11	92
Erysipelas	...	...	—	3	1	1	1	6
Scarlet Fever	...	...	—	30	7	5	27	69
Pneumonia	...	...	2	3	—	2	10	17
Puerperal Pyrexia	...	...	—	1	1	—	2	4
Cerebro-spinal Fever			1	3	—	—	—	4
Acute Anterior Poliomyelitis	...	...	—	—	1	—	—	1
Diphtheria	...	...	11	1	—	—	—	12
Dysentery	...	...	—	2	—	—	—	2

NOTIFICATIONS OF INFECTIOUS DISEASES IN WOMBWELL.

Year	Scarlet Fever	Diphtheria	Enteric Fever	Encephalitis Lethargica	Erysipelas	Puerperal Pyrexia	Pneumonia	Ophthalmia Neonatorum	Pulmonary Tuberculosis	Other Tuberculous Diseases	Smallpox	Cerebro-Spinal Fever	Acute Poliomyelitis	Whooping Cough	Measles	Dysentery
1939	31	25	1	—	20	2	53	3	14	5	—	—	—	2	2	—
1940	65	24	—	—	21	3	52	2	14	9	—	—	—	2	472	—
1941	26	15	—	—	12	1	61	—	12	7	—	4	—	159	88	—
1942	50	27	4	—	10	2	48	—	19	10	—	3	—	26	300	—
1943	40	15	—	—	19	—	35	2	18	6	—	4	—	54	197	—
1944	27	13	—	—	7	2	22	—	23	7	—	1	—	8	4	—
1945	41	13	—	—	7	1	18	—	18	2	—	—	—	104	424	—
1946	26	—	—	—	5	2	13	1	26	6	—	1	—	24	2	—
1947	51	—	—	—	13	1	19	—	19	2	—	1	2	75	158	—
1948	69	12	—	—	6	4	17	—	20	7	—	4	1	92	754	2

INFECTIOUS DISEASES (Age Group)

	Under 1	1—3	3—5	5—10	10—15	15—25	25—45	45—65	65 and over	Age unknown
Smallpox	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	7	22	25	7	5	2	—	—	1
Diphtheria	—	—	3	5	3	1	—	—	—	—
Enteric Fever (inc. Paratyphoid)	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	1	3	—	—	—
Pneumonia	2	1	2	4	1	—	3	4	—	—
Acute Anterior Poliomyelitis	—	—	—	—	—	—	1	—	—	—
Cerebro-Spinal Fever	—	—	—	2	—	1	—	—	1	—
Erysipelas	—	—	—	—	—	—	3	1	2	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—
Dysentery	—	1	—	—	—	—	1	—	—	—
Measles	37	194	266	247	6	—	1	—	—	3
Whooping Cough	8	26	43	15	—	—	—	—	—	—

Diphtheria.

After the township had enjoyed a two-year period of freedom from Diphtheria 12 cases were confirmed last year with 3 fatalities, an occurrence which was both tragic and unnecessary. 19 cases were originally notified and admitted to hospital but the diagnosis was not confirmed in 7. Of the 12 cases, 10 occurred in non-immunised children and included the 3 fatal cases. The two children who had been previously immunised contracted a mild form of the disease. Six of the children came from three families with two children in each family contracting the disease. Three of the total number of cases were under 5 years of age and not attending school. If the fatal cases are excluded the average stay in hospital for the cases not previously immunised was 64 days as compared with 35 days for the two children who had been previously immunised. A further interesting fact was that 11 of the cases were among children living in the South East Ward.

It is logical to turn from the statistics of the disease for 1948 to the statistics on immunisation. At the end of the year it was estimated that 43·2% of children in the district under 5 years and 82·3% of children over 5 years had been immunised. These are somewhat lower figures than those of the previous year especially in the younger age group. It is true that infants below the age of one are rarely immunised and indeed immunisation before 8 months of age is not advised but even if this year is excluded the estimated percentage of children immunised in the under 5 years age group is only 55·4% and still very much below the figure for the older age group. One is naturally inclined to ask why there should be this disparity between the two groups when the facilities for immunisation are equal for both groups and when the propaganda in the national newspapers, local press, posters, cinemas, etc., lays even more stress on the younger age group. At the beginning of this report I mentioned the indifference of some parents, an indifference which is strangely mixed with an unaccountable reluctance on their part to bestir themselves for the good of the children. There is one very significant

difference between the immunisation facilities for the two groups, the school children are immunised at school and the only trouble the parent is put to is to sign a consent form. The parents are not put to the extra trouble of finding time to take the child to the Welfare Clinic or to the family doctor's surgery. That this should have an appreciable effect on the immunisation rate is a conclusion I have reached with real regret, but from the many instances I have met when the school children in the family have been immunised whereas the pre-school children have not, the conclusion, to me, is inescapable. The diphtheria immunisation campaign in your district will be energetically pursued, I can only hope the knowledge of last year's diphtheria figures will awaken parents to a more urgent sense of responsibility.

Measles.

With 754 notified cases the largest epidemic of Measles ever recorded in the district occurred last year. The epidemic began in the middle weeks of July, though sporadic cases had been noted for two months previously, and reached its peak in the first week of October when 105 cases were notified. The epidemic began to decline towards the end of October and was finished by the end of November. The symptoms at the onset were fairly severe and the rash generally intense but after a few days illness the child usually recovered rapidly. The incidence of complications was low and no requests for admission to hospital were received. Epidemics of Measles usually follow a two-year cycle with a non-epidemic year in between and last year's epidemic, following an epidemic in the previous year, was a rather unexpected departure from the normal.

As yet there is no known prophylactic which by active immunisation will protect children against measles and so be used to prevent epidemics. Research for a potent prophylactic is being continued, we can only hope in the meantime the disease will remain mild in character.

Scarlet Fever.

The number of Scarlet Fever cases notified during the year was 69, of whom 56 were admitted to hospital. This compares with 51 cases in 1947 of whom 33 were admitted to hospital. The disease, as in the previous year, proved to be very mild in character and caused little ill-health in the sufferers.

Whooping Cough.

The number of cases notified showed an increase over 1947 from 75 to 92. The disease affected mainly the pre-school children and one death in an infant under the age of one was reported.

Tuberculosis.

14 deaths were caused in the township last year by Tuberculosis, 13 by Pulmonary Tuberculosis and 1 by Non-Pulmonary Tuberculosis, as compared with 11 deaths in 1947. The death rate from Tuberculosis was 0.74 per 1,000 estimated population compared with 0.59 per 1,000 in 1947 and with 0.51 per 1,000 for England and Wales. The death rate from Tuberculosis was the highest recorded in the district for ten years.

Since the introduction of pasteurisation of milk the incidence of Tuberculosis of bovine origin has fallen very considerably and I personally will welcome the day, now not far distant, when all milk will be pasteurised compulsorily. The picture with regard to Pulmonary Tuberculosis, however, is not so happy and indeed the number of notifications for this disease has shown a steady increase over the past ten years. Pulmonary Tuberculosis may be called an infectious disease of social origin and its incidence is an index of the social conditions of the district. To improve the existing social conditions must, therefore, be the basis of preventive measures and in these days of overcrowding and acute housing shortage

obviously the very framework of prevention is absent. The danger of spread of infection from an open case of Pulmonary Tuberculosis living in overcrowding conditions is very real and the policy of the Council in giving priority to the rehousing of such cases is an important contribution to the fight against the disease. Pulmonary Tuberculosis is a disease of insidious onset and the early stages of the disease, when treatment is the most effective often causes the sufferer little, if any, ill health. It is to detect the early stages of the disease, even before the onset of symptoms, that mass radiography has proved most useful and I hope its introduction into the district will not be long delayed and the public will accept it as a very necessary part of the health service.

Tuberculosis Notifications and Deaths during 1948.

Age Periods	NEW CASES		DEATHS	
	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary
0	—	—	—	—
1	1	3	—	—
5	—	2	—	—
10	—	1	—	—
15	—	—	1	—
20	3	—	3	—
25	8	1	3	1
35	3	—	1	—
45	4	—	3	—
65 & up	1	—	2	—
	—	—	—	—
	20	7	13	1
	—	—	—	—

URBAN DISTRICT OF WOMBWELL

Report of the **CHIEF SANITARY INSPECTOR AND** **CLEANSING SUPERINTENDENT** *for 1948.*

To the Chairman and Members of the
Wombwell Urban District Council.

Lady and Gentlemen,

I have once again the honour to present my Report on the Sanitary circumstances of the district for the year 1948. In doing so, I desire to acknowledge the support received from the Public Health Committee, the Medical Officer of Health, the Chief Officers of other departments, the Assistant Sanitary Inspector and the clerks in the Public Health Department who throughout the year have willingly carried out their duties.

Housing.

During the year 153 new houses were erected by the Council. A large proportion of these were let to young people with young families living in lodgings and this resulted in the alleviation of 22 cases of overcrowding. In addition, 25 grossly overcrowded families were rehoused on the Council's housing estates. Although this programme of letting houses has provided adequate accommodation for some 200 families, the demand for new houses still continues unabated and the most frequent inquiries at the office and when meeting townspeople in the streets are "when will my turn come for a new house" or "shall I get one of these houses now being built?"

Almost invariably, every applicant makes out a case that his or her conditions are so much worse than others who have succeeded in obtaining a house.

The position, however, is considerably better than it was when I made my last Annual Report but until more houses are available, a large number of families will have to continue sharing houses with relatives and friends who in most cases require all the available accommodation for themselves. All new cases of overcrowding discovered or reported to us are tabulated and passed on to the Housing Department after investigation.

Housing Repairs.

A large amount of repair work has been carried out during the year, particularly on the older property. More inside work has been done which has been appreciated by the occupiers who have been put to such considerable inconvenience during the years when it was not possible to get much done owing to sundry causes.

Over 60 insanitary sandstone sinks have been taken out and replaced with new sinks of the glazed earthenware type and improved water supplies have been obtained for 117 houses by installing larger diameter water services. The slate roofs on a number of properties, mostly the long terraced type, 60 to 80 years old, have had to be repaired several times during the year due to the slates laths not holding the nails. In most of these cases nothing only stripping the roofs and relathing and slating will make them weather proof but this is too costly and materials are still difficult to obtain.

Mining subsidence continues to cause damage to houses and this has been particularly severe in the Hough Lane area where over 40 good type cottages suffered from severe cracks in the walls, plaster brought down, and doors and windows warped so that they could only be opened and closed with difficulty.

Four old cottages were demolished in Church Street, Jump, as they were unfit for human habitation. Only one of these was occupied; the other three had been empty for several years.

Dairies and Cowsheds.

There are 15 dairy farms within the area on which are kept an average of 360 milk cows. The herds vary in number from 7 to 182 and are housed in 29 registered cowsheds.

74 visits to farms and dairies were recorded and a steady improvement has been noticeable in the methods adopted by the producers. Sterilisation by steam is the practice at 10 of the 15 dairies but the pre-war standard of clean white overalls and caps worn by the workers is the exception rather than the rule. Laundry bills and the scarcity of soap no doubt, has some influence on the wearing of protective clothing.

Tuberculin Tested (Certified) Milk is produced on the largest dairy farm in your area, on which are kept an average of 160 cows and towards the close of the year a licence for the production of Tuberculin Tested milk was granted to another farmer with an average herd of 20 cows.

6 other farmers produce Accredited Milk and all are under licence by the County Council. Approximately 83 per cent of the milk produced within your area is sold under licences granted in accordance with the Milk (Special Designations) Regulations, 1936 to 1948. Of this designated milk, 54 per cent is Tuberculin Tested.

34 samples of ordinary (ungraded) milk and 19 samples of Accredited Milk were taken during the year and examined for keeping quality by the Methylene Blue Test. 39 of these or 74 per cent. were satisfactory. Inspectors from the County Council come out and take similar samples from designated herds and of 9 samples taken, 7 were satisfactory.

Purveyors of Milk.

There are on the register 16 retail and 4 wholesale purveyors of milk. In addition a number of small shopkeepers sell milk in sealed bottles delivered to them twice weekly by large dairy companies.

Slaughterhouses.

There are 10 privately owned slaughterhouses within your district. These have not been used since the outbreak of war except for the occasional slaughtering of cottagers' pigs. One slaughterhouse, the largest, is used as the receiving and distributing depot for meat sent to the local butchers' pool.

Food Premises, Shops and Markets.

77 visits were made to shops and other premises where food is prepared or stored for sale and 177 visits were made to your markets.

Small quantities of foodstuffs submitted for inspection were examined and dealt with according to circumstances. They consisted of 3 tins of meat, $7\frac{1}{2}$ lbs. of bacon, 66 lbs. of prawns, $\frac{1}{2}$ cwt. of figs and 173 tins of other foodstuffs. Three mesenteries, 2 heads and tongues and 2 livers from pigs affected with Tuberculosis killed by cottagers, were condemned.

Factories Act, 1937.

There are on the register 56 Factories as follows :—

Factories with Mechanical Power ...	...	...	43
Factories without Mechanical Power ...	...	...	13

Included in the above are 14 bakehouses to which 187 inspections were made and 18 visits were made to other factories. Informal action was taken requiring: new drainage (3); sanitary conveniences, (1); cleanliness, (12); and means of escape in case of fire, (2).

Shops Act, 1934.

Shopkeepers generally are aware of the Health provisions of the Act and on the whole provide the necessary facilities as required by the Act. The occupier of one shop was required to provide and maintain a reasonable temperature in his premises. This has not yet been complied with.

Food and Drugs Act, 1938.

There are nine premises registered for the sale or the manufacture for the purpose of sale of ice-cream. Manufacture is carried out at only three of these premises. The other six are mixed shops and are registered for the sale of pre-packed ice-cream only, which is stored in refrigerators or specially constructed containers provided by the manufacturers. All have been visited and are kept in a clean condition.

Tents, Vans and Sheds.

There are two of these temporary dwellings, one in a field at Mapplebeck and one at Kitroyd, Jump. The latter is still occupied by an old man who refuses to leave his caravan, or remove it from the unlicensed site, although a Court Order was obtained in 1941 for its removal and later a daily penalty was imposed by the court because the occupier refused to comply with the Order.

Verminous Premises.

Five privately owned houses and four Council houses have been disinfested during the year. These figures by no means indicate the extent of vermin infestation, particularly in the older type of dwelling house.

Furniture was disinfested in three cases where tenants living in old property were removed to Council houses.

Terminal Disinfection.

Disinfection was carried out at 83 houses from which cases of infectious disease had been removed to hospital or treated at home.

Disinfectant is also supplied free for domestic use to all householders who apply for it.

Offensive Trades.

There are no offensive trades within the Wombwell district.

Rodent Control.

Although three of your employees have received training in rodent control, it has not been possible to spend as much time on this work as in previous years owing to illness and shortage of labour in the department. The refuse tips and sewage disposal works have been covered at regular

intervals and the sewers were treated twice during the financial year. A survey of the John Street and West Street Allotments revealed a rather bad infestation and some 90 allotments on which were situated an assortment of huts, were thoroughly cleaned up. A small charge was made for this treatment and in most cases the occupiers paid. The Rodent Control regulations have since been amended and the treatment of allotments is now carried out free. The laying of poison baits is bound to be fraught with risk and in three cases we have had claims for compensation where fowls were inadvertently destroyed. These claims were passed on to the Insurance Company who in turn compensated the owners. Complaints are given immediate attention. We have also dealt with four mice infestations in your prefabricated houses. The Ministry of Agriculture and Fisheries pay a proportion of the cost of this service when satisfied that the Council maintains an organisation adequate to the requirements for effective rodent control, and complies with the Ministry's requirements on the methods to be employed.

Public Lavatories.

The new urinals erected in Cemetery Road have provided a long required need and complaints of nuisance created near to and around the Cemetery have ceased. A fairly large portion of the town's population use Cemetery Road travelling between the town and the Copeland Road Housing Estate. Your programme to erect other conveniences in Park Street and Hough Lane next year will, no doubt, be appreciated by the townspeople.

Closet Accommodation.

Type of Convenience	No.	Percentage
Water Closets	5,272	98·8
Waste Water Closets ...	8	0·2
Pail Closets	22	0·4
Privy Middens	33	0·6

258 new W.C's. were constructed for new houses and 10 additional W.C's. were provided for old property.

6 Privy Middens have been converted to water closets during the year.

Public Cleansing.

COLLECTION.—This is carried out entirely by the Council's own employees. A new 3 ton Karrier C.K.3 cleansing vehicle was delivered to us on the 1st January and another new vehicle of the same make and capacity went into service on the 1st November. These two new lorries replaced two worn out vehicles which had done 14 and 15 years service respectively. Your other vehicles in service are a Guy — 50 cwts. — which was licensed in March, 1937 and the Bantam — 40 cwts. — which is nearly 7 years old.

During the year the 44 hour working week came into operation and as a result a five day week is worked for nine months of the year. During the year 3,194 loads of refuse were collected as follows :—

	No. of Loads	No. of Tons	No. of Working Days	Daily Average Loads	Daily Average Weight Tons
50 cwt. Lorry (Guy)	862	2,155	256	3.37	8.42
60 cwt. Lorry (Karrier)	779	2,337	275	2.83	8.50
60 cwt. Lorry (Karrier)	163	489	52	3.13	9.40
45 cwt. Lorry (Karrier)	557	1,253	163	3.42	7.70
40 cwt. Lorry (Bantam)	714	1,428	228	3.13	6.26
40 cwt. Lorry (Commer)	119	238	34	3.50	7.00

It is estimated that 3,194 loads weighed 7,900 tons.

The estimated weight collected per thousand premises was 1,479.95 tons.

The estimated weight collected per thousand population was 424.73 tons.

The average estimated amount of refuse collected from each house during the year is 1 ton 9.6 cwts.

DISPOSAL.—All the refuse is disposed of by controlled tipping but there is a serious shortage of covering material. Very little excavating has been done on housing sites or road making and haulage contractors endeavour to find tips more conveniently placed than our main refuse disposal tip which involves a return journey of some three miles. A mechanical digger was employed to remove part of the old reservoir banks at Jump and the excavations were used for covering over part of the tip on the Recreation Ground in Roebuck Hill. About a quarter of a mile of the Wombwell side of the bank of the Rive Dove has been raised and strengthened by tipping refuse. The Dearne and Dove Drainage Board are covering over with excavations.

The refuse was disposed of as follows :

Place	No. of Loads	Percentage
Brampton	1,307	40·92
Jump	666	20·85
River Dove Bank	1,163	36·41
Various	58	1·82

Cleansing Costs.

	Collection			Disposal			Total		
	£	s.	d.	£	s.	d.	£	s.	d.
Total Costs ...	4,367	0	0	1,056	0	0	5,423	0	0
Cost per estimated ton ...	11	1		2	8		13	9	
Cost per 1,000 of population ...	234	15	8	56	15	6	291	11	2
Cost per 1,000 Premises ...	818	1	11	197	16	6	1,015	18	5
Gross Costs ...	5,523	0	0	1,075	0	0	6,598	0	0
Income ...	1,156	0	0	19	0	0	1,175	0	0
Nett Costs ...	4,367	0	0	1,056	0	0	5,423	0	0

The rate required for public cleansing (street cleansing excluded) was 1s. 9·78d.

Trade Refuse.

The Council has arrangements to remove trade refuse from 19 different premises. Some trade refuse is removed free, on account of its salvage value.

Sanitary Inspection of District.

A total of 1,174 inspections were made to investigate nuisances and 763 revisits were recorded.

987 informal notices were served in connection with the above and 891 were complied with, leaving 96 to be carried forward dealing with 96 nuisances.

The following defects were remedied after the service of informal or formal notices, or after interview with persons concerned.

Repairs to Houses.

Made dry - Roof	...	...	...	...	...	...	129
Made dry - Spouting	...	...	...	...	...	...	171
Made dry - Pointing or Structural Plaster	...	...	...	...	...	...	103
Floors repaired	...	...	...	...	...	...	40
Plasterwork repaired	...	...	...	...	...	...	141
Window frames repaired or renewed	...	...	...	...	...	...	37
Door frames and doors repaired or renewed	...	...	...	...	...	...	39
Fire-ranges repaired or renewed	...	...	...	...	...	...	70
Fire-backs repaired or renewed	...	...	...	...	...	...	21
Coppers re-set or renewed	...	...	...	...	...	...	8
Sinks renewed	...	...	...	...	...	...	67
Sash cords renewed	...	...	...	...	...	...	30
Chimneys repaired	...	...	...	...	...	...	38
Handrails fixed	...	...	...	...	...	...	2
Damage caused by subsidence	...	...	...	...	...	...	25

Drainage.

Drains reconstructed, repaired or opened out	...	...	...	...	...	...	41
Sink Waste Pipes repaired or renewed	...	...	...	...	...	...	19
Inspection Chambers provided or repaired	...	...	...	...	...	...	27
Sink gullies renewed	...	...	...	...	...	...	2
Vent Shafts provided or repaired	...	...	...	...	...	...	5

Sanitary Accommodation.

Water Closet Fittings repaired or renewed ...	118
Water Service Pipes repaired	115
Water Closet Structural repairs	26
Dust Bins renewed or provided	391

Miscellaneous.

Yards Paved or Pavements renewed ...	4
Steps repaired	8
Accumulations of Refuse cleared	10
Boundary and Screen Walls rebuilt	6
Larger Diameter Water Services installed ...	117
Water Services repaired	4
Verminous houses cleansed	9

Referred to other Departments :—

Water Board 30.

Surveyor 26.

161 of the above matters were dealt with by statutory notices where owners or persons concerned failed within a reasonable time to abate nuisances or to execute works required.

58 of these notices were served under the Public Health Act, 1936, 39 relating to nuisances, 9 to sanitary accommodation and 10 to the provision of drainage, etc.

103 notices relating to inadequate water supply were served under the Public Health Act and the Water Act, 1945.

105 of these notices had been complied with at the end of the year.

Salvage Reclamation.

The income derived from salvage during the year ended 31st March, 1949 was £1,141. The following is a list of articles salvaged along with the amounts received from the sale of same.

	Tons	Cwts.	Qrs.	Lbs.	£	s.	d.
Waste Paper	109	14	1	—	783	6	1
Bones	10	7	1	—	59	11	10
Textiles	8	8	6	27	134	10	7
“Black” Scrap	6	9	3	—	29	8	11
Non-Ferrous	—	16	1	11	28	17	2
Bottles & Jars	7	—	—	19	84	3	1
“Cullet”	10	15	—	—	18	16	3
Cinder	2	—	—	—	—	—	—
Fuel	1	—	—	—	2	15	0
Bonus, Board of Trade	—	—	—	—	19	12	5

The total weight of salvage was 156 tons 12 cwts. 2 qrs.

Kitchen waste is collected direct by stockfeeders from a number of communal bins provided by the Council situated in different parts of the township.

The number of active salvage stewards is slowly diminishing but there are still a few who diligently look after the sacks supplied for the storage of waste paper.

I should like to express to them my sincere thanks for their continued efforts in salvage reclamation.

Your obedient servant

H. WARD,

Chief Sanitary Inspector and
Cleansing Superintendent.

